	AMENDMENT TRANSMITTAL LETTER						Docket No. 2091-0312P	
Application No.		Filing Date Examiner			Examiner		Art Uni	
10/809,393-Conf. #7552		March 26, 2004 A. P. Bhatr		. P. Bhatnaga	ar	2624		
plicant(s): Wa	taru ITO							
	E ACQUIRING SFORMING ME		AGE PROCES	SSING	METHOD, AN	ND IMAG	E	
					lication.		-	
			S AS AMENI					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	24	- 24 =	0	х	52.00		0.00	
Independent Claims	9	- 9 =	0	x	220.00		0.00	
Multiple Depend	dent Claims (ch	eck if applicabl	e)					
Other fee (pleas	se specify):	14.40.00						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							0.00	
x Large Entity				$\overline{\Box}$	Small Entity			
x No addition	al fee is require	d for this amer	ndment.	_				
	ge Deposit Acc			the an	nount of \$ _		·	
_ `	he amount of \$		is enclo	sed.				
A check in t	credit card =	orm PTO-2038	is attached					
=	Geuit Caru. Fo	10 2000	io allaonea.					
Payment by X The Director	r is hereby auth d below. A dup	orized to char	ge and credit			02-	2448	
Payment by X The Director as described X Credit a	r is hereby auth	norized to chargolicate copy of total.	ge and credit this sheet is e	nclosed	i.		-	
Payment by X The Director as described X Credit a	r is hereby auth d below. A dup ny overpaymer	norized to chargolicate copy of total.	ge and credit this sheet is e	nclosed ees requ	d. uired under 37	CFR 1.10	3 and 1.17.	
Payment by X The Director as described X Credit a	r is hereby author of below. A dup ny overpaymen any author of file	norized to chargolicate copy of total.	ge and credit this sheet is e	nclosed ees requ	d. uired under 37		3 and 1.17.	
Payment by The Director as described X Credit a X Chart Catherine M. V Attorney Reg. N	r is hereby auth d below. A dup ny overpaymen any authition a fili oisinet No.: 52,327 ART, KOLASCI	norized to chargolicate copy of total. ing or application	ge and credit this sheet is e n processing f	nclosed ees requ	d. uired under 37	CFR 1.10	3 and 1.17.	